



**Detailed Outline of Topics in the  
Redesigned National Health Interview Survey (NHIS)  
Sample Child Questionnaire**  
*Version: March 2019*

	2019	2020	2021	2022	2023	2024	2025	2026	2027
	<b>Household Roster - Selection of Sample Child - Identification of Parent/Guardian Respondent - Informed Consent</b>								
Annual core	<p style="text-align: center;"><b>Health Status:</b> Asthma; Diabetes; Developmental and Learning Disabilities; Social/Emotional Screening for Very Young Children</p> <p style="text-align: center;"><b>Functioning and Disability:</b> Vision; Hearing; Mobility; Self Care; Communication/Comprehension; Learning; Emotions; Behaviors</p> <p style="text-align: center;"><b>Health Insurance:</b> Coverage Status; Sources of Coverage; Characteristics of Coverage; Continuity of Coverage; Reasons for No Health Insurance</p> <p style="text-align: center;"><b>Health Care Access and Use:</b> Primary and Urgent Care; Financial Barriers to Care; Prescription Medication; Flu Immunization</p> <p style="text-align: center;"><b>Demographics:</b> Marital Status of Parent(s); Nativity; Schooling; Employment of Family Members; Family Income; Food-Related Program Participation; Housing; Telephone Use</p>								
Rotating core	<b>Service Utilization:</b> Dental Care; Mental Health Care; Other Services		<b>Allergies and Other Conditions</b>	<b>Service Utilization:</b> Dental Care; Mental Health Care; Other Services		<b>Allergies and Other Conditions</b>	<b>Service Utilization:</b> Dental Care; Mental Health Care; Other Services		<b>Allergies and Other Conditions</b>
	<b>Mental Health Assessment<sup>1</sup></b>	<b>Injuries</b>		<b>Mental Health Assessment<sup>1</sup></b>	<b>Injuries</b>		<b>Mental Health Assessment<sup>1</sup></b>	<b>Injuries</b>	
	<b>Stressful Life Events</b>	<b>Health-Related Behaviors:</b> Physical Activity; Neighborhood Characteristics; Sleep; Height and Weight	<b>Stressful Life Events</b>	<b>Health-Related Behaviors:</b> Physical Activity; Neighborhood Characteristics; Sleep; Height and Weight	<b>Stressful Life Events</b>	<b>Health-Related Behaviors:</b> Physical Activity; Neighborhood Characteristics; Sleep; Height and Weight	<b>Stressful Life Events</b>	<b>Health-Related Behaviors:</b> Physical Activity; Neighborhood Characteristics; Sleep; Height and Weight	<b>Stressful Life Events</b>
Sponsored content	<p><b>Sustaining sponsors* add content every year.</b> Annual sponsored content will include household food security (USDA).</p> <p><b>Other sponsors* add content in selected years.</b> Anticipated sponsorships include complementary and integrative health in 2022 (NCCIH).</p>								

\* As of March 2019, sponsors include United States Department of Agriculture (USDA) and National Center for Complementary and Integrative Health (NCCIH). NCCIH is part of the U.S. National Institutes of Health (NIH).

<sup>1</sup> Questions come from the Strengths and Difficulties Questionnaire (SDQ).



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## Detailed Outline of Topics in the Redesigned National Health Interview Survey (NHIS) Sample Child Questionnaire

Version: March 2019

This document presents the topics included in the redesigned NHIS sample child interview, including content to be included annually and content that will rotate on and off the questionnaire with a pre-established periodicity. Additional topics sponsored by federal partners will also be included in the sample child interview and are presented at the end of this document

In 2019 and beyond, one “sample adult” aged 18 years or more and one “sample child” aged 17 years or less (if any children live in the household) will be randomly selected from each household following a brief household roster that identifies the age, sex, Hispanic ethnicity, and race of everyone who usually lives or stays in the household. The roster section will also include questions about the highest educational attainment of all adults and whether any adults are currently active duty military. Only civilian adults are eligible to be the sample adult.

Questions will be asked to identify the parents of all children in the household and the members of the sample adult’s and sample child’s family. For NHIS, a family is defined as two or more persons residing together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family (such as foster children) and any unmarried cohabiting partners and their children. Family members include adults who are temporarily away at school if they are living in on-campus housing. Adults living alone are considered single person families.

Information about the sample adult will be collected from the sample adult him/herself unless he/she is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the sample adult. Information about the sample child will be collected from the sample child’s parent or a knowledgeable adult. The respondent for the sample child may or may not also be the sample adult.

The order of the sample adult and sample child interviews will vary by household depending on the availability of the respondents. When the sample adult and sample child are in the same family, content areas that refer to the family will be captured only once, in whichever interview comes first.

### ANNUAL CORE CONTENT FOR HOUSEHOLDS

#### Household roster

- Name or alias of all persons living in household
  - Age, sex, Hispanic ethnicity, and race for all persons
  - Educational attainment for all adults
  - Identification of parents (biological/step/adoptive) for each child in household
- For children without parents in the household:*
- Whether child is in foster care
- If any children are in foster care:*
- Identification of foster parents
- Identification of adults who are currently serving on active duty in the military

### **Selection of sample adult and sample child**

*One civilian adult and one child (if any) are randomly selected from each household*

- Identification of all persons in sample adult's family  
*If sample child is not in sample adult's family:*
  - Identification of all persons in sample child's family
- Identification of possible knowledgeable respondents for sample child interview

## **ANNUAL CORE CONTENT FOR SAMPLE CHILDREN**

### **Demographic characteristics**

- Identification of knowledgeable respondent for sample child interview  
*If sample child respondent is not a parent of the sample child:*
  - Relationship of respondent to child
- Verification of age, sex, Hispanic ethnicity, and race  
*If Hispanic, Asian, and/or Native Hawaiian or Pacific Islander:*
  - Specific ancestry (e.g., Mexican, Puerto Rican, Chinese, Filipino, Chamorro, Samoan)
- Date of birth

### **Current health status (HIS)**

- General health status: excellent, very good, good, fair, poor

### **Asthma (AST)**

- Ever told by doctor or other health professional that child had asthma  
*If yes:*
  - Still have asthma
  - (Past 12 months) Had an episode of asthma or an asthma attack
  - (Past 12 months) Had an ER or urgent care visit due to asthma

### **Diabetes (DIB)**

- Ever told by doctor or other health professional that child had prediabetes
- (Other than prediabetes) Ever told by doctor or other health professional that child had diabetes

### **Developmental and learning disabilities (DLD)**

- Ever told by doctor or other health professional that child had attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (ADD) (age 2-17)  
*If yes:*
  - (Currently) Has attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (ADD)
- Ever told by doctor or other health professional that child had an intellectual disability  
*If yes:*
  - (Currently) Has an intellectual disability
- Ever told by doctor or other health professional that child had autism spectrum disorder (age 2-17)  
*If yes:*
  - (Currently) Has autism spectrum disorder

- (Not including ADHD, intellectual disability, and/or autism spectrum disorder) Ever told by doctor or other health professional that child had other developmental delay

*If yes:*

- (Currently) Has this other developmental delay
- Ever told by school or health professional that child had a learning disability (age 2-17)

*If yes:*

- (Currently) Has a learning disability

*If sample child is 0-23 months, then skip to BSC section.*

### **Vision (VIS)**

- Use of eyeglasses [or contact lenses if age 5-17] (age 2-17)
- Level of difficulty seeing (even with glasses [or contact lenses if age 5-17]) (age 2-17)

### **Hearing (HEA)**

- Use of hearing aid (age 2-17)
- Level of difficulty hearing sounds like people's voices or music (even with hearing aid) (age 2-17)

### **Mobility (MOB)**

- Uses equipment or receives help for walking (age 2-17)

*If yes:*

- Without equipment or assistance, level of difficulty walking (age 2-4)
- When using equipment or assistance, level of difficulty walking (age 2-4)
- Without equipment or assistance, level of difficulty walking 100 yards (age 5-17)
- Without equipment or assistance, level of difficulty walking one-third mile (age 5-17)
- When using equipment or assistance, level of difficulty walking 100 yards (age 5-17)
- When using equipment or assistance, level of difficulty walking one-third mile (age 5-17)

*If no:*

- Compared with children of same age, level of difficulty walking (age 2-4)
- Compared with children of same age, level of difficulty walking 100 yards (age 5-17)
- Compared with children of same age, level of difficulty walking one-third mile (age 5-17)

### **Self-Care and Upper Body (UPP)**

- Compared with children of same age, level of difficulty picking up small objects (age 2-4)
- Level of difficulty with self-care such as eating or dressing (age 5-17)

### **Communication (COM)**

- Level of difficulty understanding parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by people inside household (age 5-17)
- When speaking, level of difficulty being understood by people outside household (age 5-17)

### **Cognition (COG)**

- Compared with children of same age, level of difficulty learning things (age 2-17)
- Compared with children of same age, level of difficulty remembering things (age 5-17)

### **Anxiety (ANX)**

- Frequency of seeming very anxious, nervous, or worried (age 5-17)

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### Depression (DEP)

- Frequency of seeming very sad or depressed (age 5-17)

### Behavior (BEH)

- Compared with children of same age, level of difficulty playing (age 2-4)
- Compared with children of same age, frequency of kicking, biting, or hitting others (age 2-4)
- Compared with children of same age, level of difficulty controlling behavior (age 5-17)
- Level of difficulty concentrating on activity s/he enjoys (age 5-17)
- Level of difficulty accepting changes in routine (age 5-17)
- Level of difficulty making friends (age 5-17)

### Social/emotional screening for very young children (BSC) (0-23 months)

See <http://www.theswyc.org> for more information on the Baby Pediatric Symptom Checklist

- Has a hard time being with new people
- Has a hard time in new places
- Has a hard time with change
- Minds being held by other people
- Cries a lot
- Has a hard time calming down
- Fussy or irritable
- Hard to comfort
- Hard to keep on a schedule or routine
- Hard to put to sleep
- Has trouble staying asleep
- Family member(s) has/have a hard time getting enough sleep because of child

### Schooling (SCH)

- (Past 12 months) Number of school days missed due to illness/injury/disability (age 5-17)
- Ever had special education or early intervention plan
  - If yes:*
    - (Currently) Has special education or early intervention plan
      - If yes:*
        - Are services received to help with emotions, concentration, behavior, or mental health?

### Current health insurance coverage (INS)

- Any health insurance coverage or health care plan?
  - If yes:*
    - Type of health insurance
  - If no insurance coverage reported:*
    - Confirm no Medicaid
- Covered by separate plan for dental services?
- Covered by separate plan for vision services?
- Covered by separate plan for prescriptions?
- Confirm no insurance or confirm all types of insurance coverage recorded

## Specifics about current insurance coverage

### *If enrolled in Medicare:*

- Enrollment in Part A, Part B, or both
- Medicare Advantage enrollment
- Medicare managed care arrangement
  - *If enrolled in Advantage or managed care:*
    - Name of Advantage or Medicare HMO plan (*open-ended*)
- Part D enrollment

### *If enrolled in Medicaid:*

- Name of plan (*open-ended*)
- Was plan obtained through healthcare.gov or Marketplace?
- Does child or a family member pay a premium for this plan?
- Is there a deductible?
  - *If yes:*
    - Is it a high deductible health plan?

### *If enrolled in a private plan:*

*(Repeated for each private plan in which sample child is enrolled)*

*(If sample adult questionnaire is complete, child and adult are in same family, and sample adult was enrolled in a private plan, ask if child is covered by same plan as adult. If so, this section will generally be skipped. But, if private plan is the same and the sample adult was not the policyholder, ask whether child is the policyholder before skipping.)*

- Name of plan (*open-ended*)
- Any additional private plans?
  - *If yes:*
    - Name of second plan (*open-ended*)  
*The private plan questions will be repeated for second plan*
- Is child the policyholder?
  - *If yes:*
    - Does the plan cover anyone else?
- How plan was obtained (employer, union, association, direct purchase, etc.)
  - *If plan was purchased directly or obtained through state/local government or community program:*
    - Was plan obtained through healthcare.gov or Marketplace?
- Who pays for plan? (child/family, employer, person outside household, government program, etc.)
  - *If child/family in household pays for the plan:*
    - Out-of-pocket premium amount
- Is there a deductible?
  - *If yes:*
    - Is it a high-deductible health plan?
      - *If yes:*
        - Does it include a health savings account?
- Does it include prescription drug coverage?
- Does it include dental coverage?
- Does it include vision coverage?

*If enrolled in CHIP, state-sponsored, and/or other government plan:*

*(Repeated for each type of CHIP, state-sponsored, and/or other government plan in which sample child is enrolled)*

- Name of plan (*open-ended*)
- Was the plan obtained through healthcare.gov or Marketplace?
- Does child/family member pay a premium?
- Is there a deductible?

*If yes:*

- Is it a high-deductible health plan?

*If military health care:*

- Type of plan (TRICARE or CHAMP-VA)

### **Health insurance continuity**

*If currently uninsured:*

- Length of time since last insured

*If less than 12 months:*

- (Past 12 months) Number of months without health insurance

*If uninsured less than 3 years:*

- What were the reason(s) child is no longer enrolled? Was it because...
  - Policyholder retired, lost a job, or changed employers
  - Missed a deadline to sign up
  - Ineligible for coverage because of age or leaving school
  - Cost increases
  - No longer eligible for Medicaid, CHIP, or other public coverage

- What are the reason(s) for not having health insurance? Was it because...

- Coverage is unaffordable
- Do not need or want coverage
- Ineligible for coverage
- Signing up is too difficult or confusing
- Cannot find a plan that meets needs
- Applied for coverage that has not started yet
- Other reason (*open-ended*)

*If currently insured:*

- (Past 12 months) Any time without health insurance

*If yes:*

- (Past 12 months) Number of months without health insurance

### **Financial burden of medical care (PAY)**

*Skip first question and follow-up if sample adult questionnaire is complete and if child and adult are in same family*

- (Past 12 months) Anyone in family have problems paying or unable to pay medical bills

*If yes:*

- (Currently) Anyone in family have medical bills unable to pay at all
- Level of worry about ability to pay medical bills if child is sick or injured

### Health care utilization and access (UTZ)

- Time since last seen doctor or health professional
  - If not never*
    - Was this a well baby/child visit, physical, or general purpose check-up
      - If no:*
        - Time since last well baby/child visit, physical, or general purpose check-up
- Has a usual place for care when sick
  - If yes or more than one place:*
    - Type of place (or place visited most often)
- (Past 12 months) Number of walk-in clinic, retail clinic, and urgent care center visits
- (Past 12 months) Number of hospital ER visits
- (Past 12 months) Any overnight hospital stay (age 1-17)
- (Past 12 months) Delayed getting medical care because of cost
- (Past 12 months) Did not get medical care because of cost

### Prescription medications (PMD)

- (Past 12 months) Took any prescribed medication
  - If yes:*
    - (Past 12 months) Delayed filling a prescription to save money
- (Past 12 months) Any medication needed that child didn't get due to cost

### Immunizations (IMS)

- (Past 12 months) Flu vaccination
  - If yes:*
    - (Past 12 months) Number of vaccinations
    - (Past 12 months) Month and year of up to two most recent flu vaccinations

### Parental demographics (PAR)

*For each residential biological/adoptive/step parent in the family:*

- Specific type of parent (biological, adoptive, step, other)

*For each residential biological/adoptive/step/foster parent in the family:*

- Is parent now married, living with someone as an unmarried couple, or neither? *(if not already known from sample adult interview)*

*If married:*

- Does spouse live here

*If yes:*

- Identification of parents' spouse
- Confirmation of sex of each parents' spouse

*If no:*

- Is parent and spouse legally separated

*If living with partner:*

- Confirmation of sex of each parents' partner
- Was each parent ever married

*If yes:*

- Legal marital status of each parent (married, widowed, divorced, separated)

*If neither:*

- Was parent ever married

*If yes:*

- Legal marital status of each parent (widowed, divorced, separated)

*For each residential biological/adoptive/step/foster parent in the family:*

- Was parent born in the United States or a US territory? (*if not already known from sample adult interview*)

### **Nativity and acculturation (NAT)**

- Was child born in the United States or a US territory?

*If yes:*

- State or US territory of birth

*If no:*

- What year did child come to the United States to stay?
- US citizenship

*If yes:*

- Born abroad to an American parent, born abroad and adopted by an American parent, or naturalized

### **Employment of all adult family members (FEM)**

*Skip section if sample adult questionnaire is complete and if child and adult are in same family*

*Ask for each adult family member:*

- (Currently) Work for pay at a job or business

*If yes:*

- Usually work 35 hours or more per week in total in all jobs/businesses?

### **Family income and source(s) of income (INC)**

*Skip section if sample adult questionnaire is complete and if child and adult are in same family*

*(Last calendar year) Did you or any family members living here receive:*

- Income from wages, salaries, commissions, bonuses, tips, or self-employment?
- Income from interest, dividends, rent, royalties, or income from estates or trusts?
- Social Security or Railroad Retirement?
- Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)?

*If yes:*

- Was it SSI, SSDI, or both?
- Was this a disability benefit?

*If more than one person in the family:*

- Who in the family received SSI and/or SSDI?

- Any public assistance or welfare payments?
- Retirement, survivor, or disability pensions?
- Other income, such as VA payments, unemployment, child support, or alimony
- (Last calendar year) Family income

*If unknown or refused:*

- Cascading questions to categorize income relative to federal poverty thresholds

### **Family participation in food-related programs (FOO)**

*Skip section if sample adult questionnaire is complete and if child and adult are in same family  
In 2019, additional questions on this topic are sponsored by USDA. See page 15.*

- (Past 12 months) Anyone in family receive SNAP/food stamp benefits  
*If family includes females 12-55 or children 0-5:*
  - (Past 12 months) Anyone in family receive food through the WIC program
- If family includes children 5-17:*
  - (Past 12 months) Any children in the family receive free or reduced-cost lunches at school

### **Housing (HOU)**

*Skip second question and follow-up if sample adult questionnaire is complete and if child and adult are in same family*

- Length of time child has lived in this house/apartment (ages 1-17)
- Owned, rented, or occupied by some other arrangement  
*If rented:*
  - Paying lower rent because a government program is paying part of the cost

### **Recontact information (REC)**

- Child's full name

### **Telephone use (TEL)**

- Is there a working telephone in child's home that is not a cell phone? *(if not already known from sample adult interview)*
- Does child live with anyone who has a working cell phone? *(if not already known from sample adult interview)*

### **Linkage with vital statistics and health-related records of other government agencies (LNK)**

- Linkage intro, providing explanation for why personal identifiers are being sought
- Last 4 digits of social security number  
*If no SSN or SSN number refused or unknown:*
  - Consent to link without SSN

**ROTATING CORE CONTENT: UTILIZATION OF SERVICES**  
**Years: 2019, 2020, 2022, 2023, 2025, 2026**

**Dental care (DNC) (age 1-17)**

- Time since most recent dental exam or cleaning
- (Past 12 months) Any dental care delayed because of cost
- (Past 12 months) Any dental care child needed but didn't get due to cost

**Other care received (PTC)**

- (Past 12 months) Received an eye exam from an eye specialist
- (Past 12 months) Received physical, speech, rehabilitative, or occupational therapy
- (Past 12 months) Received care at home from nurse or other health professional

**Mental health care (MHC) (age 2-17)**

- (Past 12 months) Any prescription medication taken to help with emotions, concentration, behavior, or mental health
- (Past 12 months) Received counseling or therapy from a mental health professional
- (Past 12 months) Any counseling or therapy delayed due to cost
- (Past 12 months) Any counseling or therapy child needed but didn't get due to cost

**ROTATING CORE CONTENT: STRESSFUL LIFE EVENTS**  
**Years: 2019, 2021, 2023, 2025, 2027**

**Adverse childhood experiences (SLE)**

- Ever victim of violence or witness any violence in neighborhood?
- Ever live with a parent or guardian who served time in jail or prison after child was born?
- Ever live with anyone who was mentally ill or severely depressed?
- Ever live with anyone who had a problem with alcohol or drugs?

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**ROTATING CORE CONTENT: MENTAL HEALTH ASSESSMENT**  
**Years: 2019, 2022, 2025**

**Strengths and Difficulties Questionnaire (SDQ) (age 4-17)**

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- (Past six months) Considerate of other people's feelings
- (Past six months) Restless, overactive, cannot stay still for long
- (Past six months) Often complains of headaches, stomach-aches or sickness
- (Past six months) Shares readily with other (children/youth)
- (Past six months) Often loses (his/her) temper
- (Past six months) Rather solitary, prefers to play alone (age 4-10)  
    Would rather be alone than with other youth (age 11-17)
- (Past six months) Generally well behaved, usually does what adults request
- (Past six months) Has many worries or often seems worried
- (Past six months) Helpful if someone is hurt, upset or feeling ill
- (Past six months) Constantly fidgeting or squirming
- (Past six months) Has at least one good friend
- (Past six months) Often fights with other (children/youth) or bullies them
- (Past six months) Often unhappy, depressed or tearful
- (Past six months) Generally liked by other (children/youth)
- (Past six months) Easily distracted, (his/her) concentration wanders
- (Past six months) Nervous (or clingy) in new situations, (he/she) easily loses confidence
- (Past six months) Kind to younger children
- (Past six months) Often lies or cheats
- (Past six months) Picked on or bullied by other (children/youth)
- (Past six months) Often offers to help others, such as parents, teachers, and other children
- (Past six months) Thinks things out before acting
- (Past six months) Steals from home, school or elsewhere
- (Past six months) Gets along better with adults than with other (children/youth)
- (Past six months) Has many fears, easily scared
- (Past six months) Good attention span, sees (chores or homework/work) through to the end
- (Currently) Does child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?  
*If yes:*
  - How long have these difficulties been present?
  - Do the difficulties upset or distress child?
  - Do the difficulties interfere with ... home life?
  - Do the difficulties interfere with ... friendships?
  - Do the difficulties interfere with ... classroom learning?
  - Do the difficulties interfere with ... leisure activities?
  - Do the difficulties put a burden on family as a whole?

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## ROTATING CORE CONTENT: HEALTH-RELATED BEHAVIORS

Years: 2020, 2022, 2024, 2026

**UNDER DEVELOPMENT**

### Body measurements (BMI) (age 10-17)

- Parent-reported height
- Parent-reported weight

### Physical activity (PHY) (age 6-17)

- (Past 12 months) Whether child played on sports teams, took sports lesson in school/community
- (Past 12 months) Whether child took PE or gym class
- (Typical school week) How often physically active for a total of at least 60 minutes per day
- (Typical school week) How often walks for at least 10 minutes
- (Typical school week) How often rides a bike for at least 10 minutes

### Neighborhood characteristics (NHC) (age 6-17)

- Roads, sidewalks, paths or trails where child can walk or ride bicycle
- Parks or playgrounds that are close enough for child to walk or bike to
- Does traffic make it unsafe for child to walk or bike, even with an adult?
- Does crime make it unsafe for child to walk or bike, even with an adult?

### Sleep (SLP) (age 2-17)

- (Typical school week) How often child wakes up well-rested
- (Typical school week) How often child has difficulty getting out of bed in morning
- (Typical school week) How often child complains about being tired
- (Typical school week) How often child falls asleep during day
- (Typical school week) How often child goes to bed at same time
- (Typical school week) How often child wakes up at the same time

## ROTATING CORE CONTENT: ROTATING CONDITIONS

Years: 2021, 2024, 2027

### Rotating conditions list (RCN)

- (Past 12 months) Hay fever or seasonal allergy
- (Past 12 months) Any other kind of respiratory allergy
- (Past 12 months) Any kind of food or digestive allergy
- (Past 12 months) Eczema or any kind of skin allergy

**ROTATING CORE CONTENT: INJURIES**  
**Years: 2020, 2021, 2023, 2024, 2026, 2027**  
**UNDER DEVELOPMENT**

**Injuries**

- (Past 3 months) Any accident or injury where any part of child's body was hurt
  - If yes:*
    - Any injuries serious enough to limit activities for 24 hours
    - Any injuries serious enough that child missed at least one day of school or daycare
  - If yes to either of these two seriousness questions:*
    - (Past 3 months) Saw doctor or health professional about any of these injuries
      - If yes:*
        - (Past 3 months) Any ER visit because of an injury
        - (Past 3 months) Any overnight hospitalization because of an injury
    - Any injury while child was playing sports or exercising (age 3-17)
    - Any injury while child was doing household activities (age 3-17)
    - Any injury while child was doing leisure activities (age 3-17)
    - Any injury while child was at his/her home
    - Any injury while child was at school or daycare
    - Any injury a result of a fall or falling
      - If yes:*
        - If had an injury at home:*
          - Any falls while child was at his/her home
        - If had injury at school or daycare:*
          - Any falls while child was at school or daycare
    - Any injury a result of a collision involving a motor vehicle
      - If yes:*
        - Was child a driver, passenger, bicyclist, pedestrian, or doing something else when this occurred?
  - If yes to missing at least one day of school or daycare:*
    - Number of days of school or daycare missed because of injuries
    - Is child expected to miss more days of school or daycare because of injuries that occurred during the past 3 months?

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## SPONSORED CONTENT: USDA

**Sustaining Sponsor:** United States Department of Agriculture (USDA)

### **Family participation in food-related programs (FOO)**

*Skip section if sample child questionnaire is complete and if child and adult are in same family*

*If anyone in the family received SNAP/food stamp benefits in past 12 months:*

- (Last 30 days) Anyone in family receive SNAP/food stamp benefits

### **Food security (FDS)**

*Skip section if sample child questionnaire is complete and if child and adult are in same family*

- (Past 30 days) “You or your family worry food would run out before got money to buy more” – often true, sometimes true, or never true
- (Past 30 days) “You or your family have that food didn’t last and didn’t have money to get more” – often true, sometimes true, or never true
- (Past 30 days) “You or your family couldn’t afford to eat balanced meals” – often true, sometimes true, or never true

*If any of statements about worrying food would run out, food didn’t last, or couldn’t afford to eat balance meals were often or sometimes true:*

- (Past 30 days) Any adult in family cut size of meals or skip meals because there wasn’t enough money for food

*If yes:*

- (Past 30 days) Number of days this happened

- (Past 30 days) Any adult in family ate less because there wasn’t enough money for food
- (Past 30 days) Any adult in family was hungry but didn’t eat because there wasn’t enough money for food
- (Past 30 days) Any adult in family lost weight because there wasn’t enough money for food  
*If cut or skipped meal, ate less than should, felt hungry, or lost weight because there wasn’t enough money for food:*

- (Past 30 days) Any adult in family not eat a whole day because there wasn’t enough money for food

*If yes:*

- (Past 30 days) Number of days this happened